



Scholarship Application

Please complete the following information and return to the St. Joseph Educational Foundation to be considered for a scholarship.

1. Student/ Parent Information (Please Print):

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone# _____

Mother's Name: _____ Father's Name: _____

Email: _____

School year: _____ Grade: _____

School student will attend: _____

School student attended previous year: _____

2. School Verification

Registered (*Fees Paid*): Yes No

FACTS Tuition Account Active and Functional: Yes No

FACTS Grant and Aid Application Verified: Yes No

School Representative Signature: _____

Please contact the enrollment specialist at each institution to obtain a copy of the FACTS Grant and Aid determination and attach it to this application.

3. Parish Information/Pastor Verification

Currently a member of: St. Joseph? Yes: ___ No: ___

Parish envelope # _____ Online Giving: _____

Are family members active in this Parish? Yes: ___ No: ___ if "yes", please identify family member and explain the activities: (must be completed to qualify)

Very Reverend Tim LaBo, PhD

(Parish Seal)